## 2400029004

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(City/State/Zip/Phone #)
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	GRUPO BRA	DABAY LLC	
		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	M	IGUEL CORTIJO	
		Name of Person	<del></del>
		Firm/Company	
	1821 L	INIVERSITY P	L
	SARAS	5071 FL 342	35
		City/State and Zip Code	
	MCC	ORT I JO @ COMO	AST.N€T
		to be used for future annual report noti	tication)
	concerning this matter, please c	all:	
M16UEL	CORTISTO	at ( <u>941)</u> Area Code Daytin	0-7110
Name o	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	<del>-</del>		
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	rporations
P.O. Box 633	77	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO BRADA DAY		<del></del>
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C		
he Articles of Organization for this Limited Liability Company were fill lorida document number <u>LZ4-000 Z1900 4</u>	ed on _05/10/2024	_ and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability cor	npany here:	
e new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbre	
nter new principal offices address, if applicable:		2024
Principal office address MUST BE A STREET ADDRESS)	一	<u>₹</u> <u>T</u>
	<u> </u>	23
	38SV A A A	<u>≅</u> <u>∏</u>
nter new mailing address, if applicable:	The state of the s	~;- - <del>,</del>
Aailing address MAY BE A POST OFFICE BOX)	FL	<u></u>
<del></del>		
. If amending the registered agent and/or registered office address zent and/or the new registered office address here:  Name of New Registered Agent:	on our records, <u>enter the name o</u>	f the new regist
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	
City	, ,	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ENRIQUE L. MATOS	2906 TWIN DRIVE	□Add
		2906 TWIN DRIVE SARASOTA FL 34234	<b>X</b> Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			🗀 Remove
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cord s s filed	pecifies a delayed	effective date.	but not an eff	ective time, at	12:01 a.m. on	the earlier of	: (h) The 90i	th day after th
ed	MAY Z	<u>'  </u>		004 1/e	representative o			
			ire of a prembe					

Filing Fee: \$25.00